

RECIPROCITY APPLICATION
For IFSAC Fire Fighter I & II Certification

Office of the Arizona State Fire Marshal

PLEASE PRINT OR TYPE

Name:		
Name as it may appear on certification records: <i>(if different than above)</i>		
E-mail Address:	Phone:	
Address: <i>(current residence)</i>		
City:	State:	Zip:
Mailing address:		
City:	State:	Zip:

IFSAC Seal Number:	Date of Certification:	
State, province, or country that issued certification(s):		
Entity that issued certifications(s):		
Entity certification contact:	Phone:	
Entity mailing address:		
City:	State:	Zip:
I authorize the entity that issued my certifications(s) to release my course transcripts and/or certification records to the Office of the Arizona State Fire Marshal, for the purpose of verifying the information provided on this application.		
_____ Signature		_____ Date

COPIES OF THE FOLLOWING ITEMS AND CERTIFICATIONS (OR PROOF OF COMPLETED TRAINING) MUST BE SUBMITTED WITH THE RECIPROCITY APPLICATION. A NONREFUNDABLE \$50 APPLICATION FEE MUST BE PAID BY CHECK OR MONEY ORDER MADE PAYABLE TO THE OFFICE OF THE ARIZONA STATE FIRE MARSHAL.

	Fire Fighter I & II Certification Requirements
Hazardous Materials Training	Hazardous Materials First Responder-Operational Level (or greater)
Prerequisite Certifications	Fire Fighter I & II certification from an IFSAC accredited entity
CPR Certification	Current BLS-C: CPR for Rescuers certification (or equivalent)
Emergency Medical Care	Completion of a course conforming to NFPA 1001, 2002 Edition, Section 4.3, or possession of a current Arizona certification or national registry certification for: <ul style="list-style-type: none">• First Responder; or• Emergency Medical Technician: Basic, Intermediate, or Paramedic
Arizona Residency Requirement	Valid Arizona Drivers License

Mail to:

Office of the Arizona State Fire Marshal
1110 W. Washington, Suite 100
Phoenix, AZ. 85007-2935